

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10-019,314

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						61
2	1						62
3	2						63
4	10						64
5	1						65
6	10						66
7	1						67
8	10						68
9	1						69
10	10						70
11	1						71
12	10						72
13	1						73
14	1						74
15	1						75
16	1						76
17	1						77
18	1						78
19	1						79
20	1						80
21	4						81
22	4						82
23	4						83
24	1						84
25	1						85
26	1						86
27	1						87
28	1						88
29	1						89
30	1						90
31	1						91
32	1						92
33	1						93
34	1						94
35	1						95
36	1						96
37	1						97
38	1						98
39	1						99
40	1						100
41	1						
42	1						
43	1						
44	1						
45	1						
46	1						
47	1						
48	1						
49	1						
50	1						
TOTAL IND.							TOTAL IND. 3
TOTAL DEP.							TOTAL DEP. 25
TOTAL CLAIMS							TOTAL CLAIMS 28